



**Harris County Representative Payee Referral Application**  
**2525 Murworth Drive, Houston, TX 77054 – P.O. Box 20605, Houston, TX 77225**  
**Intake Phone: (713) 363-2300 – Intake Fax: (713) 660-0431**

**REP Payee Case Manager Assigned (assigned by Intake Staff)** ( ) Hamilton, Rodney ( ) Nwokobia, Alfred

Referring Agency \_\_\_\_\_ Referring Personnel \_\_\_\_\_ Phone# \_\_\_\_\_

Client Referred: \_\_\_\_\_

(Last Name, First Name, M. I.)

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Gender: Male ( ) Female ( ) Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Marital Status: Single ( ) Married ( ) Divorced ( ) Widowed ( )

Living Status: Own ( ) Rent ( ) PCH ( ) Reside w/Family ( ) Homeless ( ) Other ( )

Explain: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

**INCOME INFORMATION:**

Income 1: Employment ( ) SS ( ) SSI ( ) Retirement/Pension ( ) Source: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Income 2: Employment ( ) SS ( ) SSI ( ) Retirement/Pension ( ) Source: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Income 3: Employment ( ) SS ( ) SSI ( ) Retirement/Pension ( ) Source: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Income 4: Employment ( ) SS ( ) SSI ( ) Retirement/Pension ( ) Source: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Income 5: Employment ( ) SS ( ) SSI ( ) Retirement/Pension ( ) Source: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Additional Information Regarding Income: \_\_\_\_\_

Bank Acct: ( ) Checking ( ) Savings : \_\_\_\_\_ Acct. No.: \_\_\_\_\_

**MENTAL ILLNESS DIAGNOSIS:**

**PHYSICAL ILLNESS DIAGNOSIS:**

**REASON FOR REFERRAL:** 1) Exploitation ☐ 2) Aging ☐ 3) Disability ☐ 4) Other ☐

**ADDITIONAL INFORMATION**